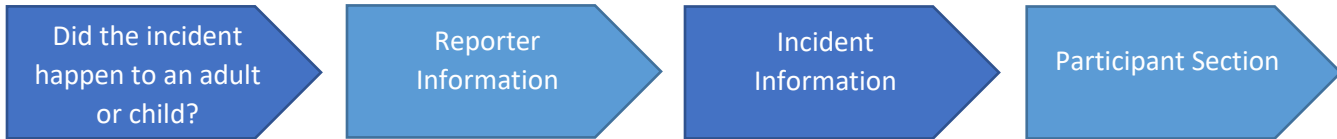


Reporting Suspected Abuse or Neglect of a Child in Kansas: A Quick Guide to Online Reporting

Main Sections of the Online Report Form



Did the incident happen to an adult or child?

This is a mandatory question that requires you to click on the associated box and identify if it is an adult or child report.



If this is an emergency, call law enforcement or 911.

By submitting an online web report, you are stating it is your professional opinion the child(ren) or adult(s) in this report are NOT in immediate risk of serious harm. If you believe the child(ren) or adult(s) are in immediate risk of serious harm, a report should be made by phone at 1-800-922-5330 or calling law enforcement or 911.

Providing all information related to the situation or circumstances of the concern, including demographic information, will assist DCF in completing assessments and responding to the safety and well-being of child(ren) and adult(s) in a timely and efficient manner.

Are you or a family you know looking for additional community support? Consider locating services or resources by visiting 1800Childrenks.org or download the mobile app. You can also call 1-800-Children to speak to a representative who can help locate services or resources in the area.

Protective Services Report

TO START INTAKE PLEASE ANSWER THE BELOW QUESTION

Are you reporting an incident that happened to an adult or a child? **required**

Unanswered Child Adult

Thank you for completing a web incident report.

By clicking "submit", you attest that this information is true, accurate and complete to the best of your knowledge and understand that any falsification, omission or concealment of material fact may be subject to administrative, civil or criminal liability. Once this web incident report has been submitted, you will have the option to print the report for your records.

✓ Submit

✗ Cancel

🖨 Print

Reporter Information

In this section, fill out your contact information so that we can contact you if we need additional information. We must have at least the report source, your name, state, email, relationship to the victim, and a phone number to ensure that we can properly address your concern in case additional information is needed. To make an anonymous report, please contact us at 1-800-922-5330.

Reporter Information

In this section, you will fill out your contact information so that we can contact you if we need additional information. We must have at least your name and a phone number to ensure that we can properly address your concern in case additional information is needed.

Report Source required



Mandated Reporter

Unanswered Yes No

Your Title

Enter response...

Your First Name required

Enter response...

Last Name required

Your name should be entered here if you are required to report any reason to believe or a suspicion of Abuse or Neglect.

Enter response...

Middle Initial

Enter response...

[Copy Address](#)

Address Type

- Unanswered Business (B) Homeless (H)
 Mailing (M) Other Placement (P)
 Residence (R) School Temporary
 Unknown

Street Address of your Agency/Facility

Enter response...

Apartment/PO Box Number

Enter response...

City

Enter response...

State required

Enter response...

Zip Code

Enter response...

County

Enter response...

Home Phone
A phone number where you can be reached in the next 24 hours.
Enter response...

Cell Phone
A phone number where you can be reached in the next 24 hours.
Enter response...

Work Phone
A phone number where you can be reached in the next 24 hours.
Enter response...

Extension
Enter the phone extension. Numeric values only.
Enter response...

Email Address *required*
Include an Email Address where you will receive confirmation of a report and verification notification for your records.
Enter response...

Gender
 Unanswered
 Female
 Male
 Unknown

Relationship to Alleged Victim *required*
Select the Item that best identifies your relationship to the Alleged Victim.

Best time to contact you or an alternate contact name and phone number *required*
The best time for DCF to call within the next 24 hours.
Enter response...

Language Spoken

Are you at risk from the Alleged Perpetrator? ✔
 Yes
 No
 Unknown

Would you like written notification of the outcome of your Report?
 Unanswered
 Yes
 No

Reporter's phone number(s) is important to ensure that we can properly address the concern in case additional information is needed.

Reporter's email address is important to ensure that we can properly address the concern in case additional information is needed.

Do you want written notification of the outcome of the report?

Incident information

In this section, describe what caused you to fill out a report on the alleged victim. This will include the date and location. If anyone saw the incident happen, you need to add their contact information to the Other Participant Section. **Please answer as many of the following questions as you can. A lack of description and details may result in your report being closed at intake without further action. It's very important that you provide as much factual detail as possible regarding the situation. The information provided must meet the definitions of abuse, neglect, or exploitation according to Kansas codes in order to be assigned for investigation.**

Incident Information

In this section, you will describe what caused you to fill out a report on the alleged victim. If anyone saw the incident happen, you will need to add their contact information to the Other Participant Section. Please answer as many of the following questions as you can.

On what date did the incident occur?

Enter response...

The incident date and time is important to provide, even if it's an estimated date/time.

What Time?

Enter response...

Where did the incident occur? **required**

Indicate where the incident took place.

Did the incident occur at an Agency or Facility

Unanswered Yes No

Location of the incident lets us know if the child or adult is at immediate risk from the Alleged Perpetrator.

Copy Incident Address

Incident Street

Enter response...

Did you witness the concerns; did you receive them from a 3rd party; did the victim or adult disclose the concerns to you?

Incident Apt/PO Box Number

Enter response...

Incident City

Enter response...

Incident State

Enter response...

Incident Zip Code

Enter response...

Incident County

Enter response...

Has law enforcement been involved?

Reporters are asked to select the item if known.

Unanswered Previously Notified Notification - Not Necessary
 Notification - Emergency Notification - Non-Emergency

Sending Additional Documentation via

Unanswered Fax Separate Email
 U.S. Mail

Please describe the incident in details and include the following information.

What has happened that led you to report today? **required**

Enter response...

Why do you suspect abuse/neglect/exploitation? **required**

Please provide details about concerns regarding the safety of the involved person (condition of the person, condition of the home, Alleged Perpetrator access).

Enter response...

Has anyone in the home of the family/adult experiencing fever, coughing and or shortness of breath or experienced these symptoms in last 14 days? **required**

Unanswered Yes No Unknown

Has anyone in the home of the family/adult been exposed to or diagnosed with influenza or Corona Virus COVID-19 in the last 14 days? **required**

Unanswered Yes No Unknown

Has anyone in the home of the family/adult recently traveled from an area with widespread or ongoing community spread of COVID 19? **required**

Unanswered Yes No Unknown

Additional Comments

Enter response...

Regarding the Covid-19 questions.

How did you become aware of the suspected abuse/neglect/exploitation?

Enter response...

What are the circumstances surrounding the suspected abuse/neglect/exploitation?

Please include information regarding possible drug/alcohol abuse, domestic violence, or other safety issues.

Enter response...

What information do you have on the victim's functioning on a day-to-day basis? (For child reports only)

Enter response...

Does the victim have any mental health concerns, vulnerabilities, disabilities or behavioral concerns? How do they interact with their peers or towards adults? Describe their performance or efforts at school?

What information do you have about the parent's discipline approaches? (For child reports only)

Testing of Information

Enter response...

Do they use timeout, physical discipline, yell, take away items etc....?

What information do you have about how the caregiver functions on a day-to-day basis? (For child reports only)

Enter response...

Does the caregiver have any mental health concerns, vulnerabilities, disabilities or behavioral concerns? How do they interact with the children or towards adults? Are they able to provide adequate care?

Do you think there is risk to our Investigator?

A "Yes" response to this item indicates that there may be weapons, drugs, animals and/or environmental hazards at the location.

Unanswered Yes No Unknown

This can include but not limited to: Firearms in the Home; Dangerous Pets or Animals in the Home; Consumer or Family Mental Health Issues; Consumer or Family Aggressive Behavior; Condition of the Home; Communicable Diseases; or Other Factors.

Participant Section

In the *Participant section*, provide detailed information about everyone involved in the incident; alleged victims, alleged perpetrators, others living in the home and anyone one else who can provide information about the incident. As you continue through the online form, you can add multiple people in each category.

If possible, provide the following information for each person involved in the incident you are reporting:

- Names
- Dates of birth or approximate ages
- Address
- Phone number

- Current Location
- Primary language
- Vulnerable Condition/Disability Type
- Contact information
- School
- Access to the Alleged Perpetrator

You are also asked how each person was involved in the incident you are reporting. Select from the following list.

1. Alleged Victim
2. Alleged Perpetrator
3. Both Alleged Victim and Alleged Perpetrator
4. Other Possible Participants **

Alleged Victim/Involved Person Information

If you have clicked the "Add" link above and the page doesn't not open. Pop up blockers are turned on please turn off the pop up blocker by access the Tools>Manage Pop up blocker.If you are using Internet Explore (IE) browser press down the CTRL and ALT

In this section, you will fill out your contact information on the Alleged Victim(s) be as specific as possible about the vulnerable adult or child(ren).

Alleged Victim(s) required

[+ New](#) Last Name First Name Street City County Home Phone Email Cell Phone DOB

Alleged Perpetrator(s)/Other Involved Person(s) Information

If you have clicked the "Add" link above and the page doesn't not open. Pop up blockers are turned on please turn off the pop up blocker by access the Tools>Manage Pop up blocker. If you are using Internet Explore (IE) browser press down the CTRL and ALT

In this section, you will fill out contact information about the Alleged Perpetrator(s)/Caregivers of the vulnerable adult or child(ren).

Alleged Perpetrator(s) required

[+ New](#) Last Name First Name Relationship Street City County Home Phone Work Phone Cell Phone

Other Participant Information

If you have clicked the "Add" link above and the page doesn't not open. Pop up blockers are turned on please turn off the pop up blocker by access the Tools>Manage Pop up blocker.If you are using Internet Explore (IE) browser press down the CTRL and ALT

Other Participant(s)

[+ New](#) Last Name First Name Relationship Street City County Home Phone Work Phone Email Cell Phone

**To assist us in locating and assisting the family, always provide information about a parent or caregiver.

Additional items:

Attachments

You can attach reports or documents to the web report by clicking on the "Add" link on the Attachment bar at the bottom of the report.

Upload/attach electronic documents related to this web intake report

Browse... No files selected



Thank you for completing a web incident report.

Final Steps

Spell check-Click on the "Spell Check" link located on the Protective Services Report bar at top of the report.

Submitting your report- Click on the "Submit" link located on the Protective Services Report bar at the top of the report to complete your report.

By clicking "submit", you attest that this information is true, accurate and complete to the best of your knowledge and understand that any falsification, omission or concealment of material fact may be subject to administrative, civil or criminal liability. Once this web incident report has been submitted, you will have the option to print the report for your records.

